

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2172

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY
Encl AB
DPS-3005
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				78.	84

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 78.84

I certify that the above bill is correct and just and that payment has not been received.

STATOTHR

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date 7/31/58

*Payee

not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

* 78.84

Per _____ Title _____

(Signature or initials) EL

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the name of the person signing, must be given. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATOTHR

Sheet 1

THE RAMO-WOOLDRIDGE CORPORATION
FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

7/27/58

BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	Tax	Cost	TR	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT		Code	Class	Element	Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
26	07	22	58	30	15265		07	23	352			3	50	25	22	00		12501	5046	01		500 500 *
26	07	22	58	30	15327		07	23	352			3	50	25	28	00		12501	5046	01		500 500 * 1000 ** 1000 ***
Total																						